

NOV 23 1937

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County St. CharlesRegistration District No. 757

Township

Primary Registration District No. 3036

City

(No. 1043)WashingtonFile No. 38631Registered No. 174

St.

Ward

2. FULL NAME Adeline Hickman

(a) Residence, No.

St.

Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female4. COLOR OR RACE White5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 25th 1920

7. AGE

YEARS 16MONTHS 9DAYS 21

If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. /

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) /

FATHER

13. NAME Wm Hickman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER

15. MAIDEN NAME Dora Koster16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois17. INFORMANT (ADDRESS) Mrs Dora Ernst

18. BURIAL, CREMATION, OR REMOVAL

PLACE Fullview Cem. DATE 11-19-3719. UNDERTAKER (ADDRESS) St Charles Mo20. FILED 10/161937 Charles E. Hickman

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 16th 193722. I HEREBY CERTIFY, That I attended deceased from Oct 12, 1937, to Oct 16, 1937I last saw her alive on Oct 15, 1937. Death is saidto have occurred on the date stated above, at 12:15 P. m.

The principal cause of death and related causes of importance were as follows:

Date of onset 1937Pulmonary Hemorrhage from bilateral pulmonary tuberculosis

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) George E. Kister

M. D.

(Address) St Charles, Mo.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

38631

Do not use this space.

1. PLACE OF DEATH

(a) County St Charles Registration District No. 75-7
(b) Township St Charles Primary Registration District No. 3036 Registered No.
(c) City St Charles (d) Street No.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Adeline Hickman
(a) Residence, No. St. ☐ (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Wife the word

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 16 1937

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

22. I HEREBY CERTIFY, That I attended deceased from

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

I last saw h. alive on 19..... Death is said

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
16 9 21

The principal cause of death and related causes of importance were as follows:

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

Pulmonary Hemorrhage from pulmonary Tuberculosis
Date of onset

Other contributory causes of importance:

12. BIRTHPLACE (CITY OR TOWN) ALTON, ILL (STATE OR COUNTRY)

13. NAME WM. HICKMAN

14. BIRTHPLACE (CITY OR TOWN) ST. LOUIS MO (STATE OR COUNTRY)

15. MAIDEN NAME DORA KOSTER

16. BIRTHPLACE (CITY OR TOWN) SILOAM MO (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 2/21/38 19 Glenn H. Mason Local Registrar

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify
(Signed) George E. Krister, M. D.
(Address) St. Charles Mo

